

FILED
IN CLERK'S OFFICE
U.S. DISTRICT COURT E.D.N.Y.

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

Darnell Green

Plaintiff,

[Insert full name of plaintiff/prisoner]

REC'D IN PRO SE OFFICE
APR 30 '24 PM12:04

-against-

T. Ahnbister, nurse practitioner
officer reed,
officer Daddazio,
officer John Doe,

24-cv-03267-NCM

JURY DEMAND

YES NO

Merle, J
Bloom, MJ

Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I.]

I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Green, Darnell

If you are incarcerated, provide the name of the facility and address:

Green Haven Correctional

P.O. Box 4000

Stormville N.Y. 12582-4000

Prisoner ID Number: 07-B-0547

If you are not incarcerated, provide your current address:

Telephone Number: _____

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

T. Ahnster

Full Name

NURSE PRACTITIONER

Job Title

SULLIVAN CORRECTIONAL FACILITY

P.O BOX 116

FALLSBURG, NEW YORK 12733-0116

Address

Defendant No. 2

Officer, Reed

Full Name

CORRECTIONAL OFFICER

Job Title

SULLIVAN CORRECTIONAL FACILITY

P.O BOX 116

FALLSBURG, NEW YORK 12733-0116

Address

Defendant No. 3

Officer, Daddeazio

Full Name

CORRECTIONAL OFFICER

Job Title P.O BOX 116

FALLSBURG, NEW YORK 12733-0116

Work Address

City	State	Zip Code
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Defendant No. 3:

Name (Last, First)

Job Title

Work Address

Defendant No. 4:

Name (Last, First)

Job Title

SULLIVAN Correctional Facility
Work Address P.O. Box 116

Fallsburg, New York 12733-011
City State Zip Code

If there are additional defendants, the information requested in this section must be provided for each person; additional sheets of paper may be used and attached to this complaint.

IV. STATEMENT OF FACTS

State briefly and concisely the facts supporting your claims. Describe the events in the order they happened. Your statement of facts should include the following:

- The date(s) on which the events occurred
- Where these events took place (identify the facility and, if relevant, the specific location in the facility)

- How each defendant was involved in the conduct you are complaining about

If you were physically injured by the alleged misconduct, describe the nature of your injuries and the medical evaluation and treatment you were provided. You need not cite to case law or statutes or provide legal argument in the Statement of Facts. Use additional sheets of paper if necessary.

ON MAY 3, 2022 A USE OF EXCESSIVE FORCE TOOK PLACE AT THE SULLIVAN C.F. BY THE ABOVE OFFICERS BECAUSE I REFUSE TO LEAVE OFF THE DRAFT BUS. CO. REED, CO. DADDEZIO AND CO. "JOHN DOE" HAD TAKEN ME OFF THE BUS BY FORCE IN TO A HALLWAY. THEM STARTED PUNCHING ME IN THE FACE AND BENT MY RIGHT LEG AND KICKING ME. JUNE 2022. AT SULLIVAN X-RAY TOOK PLACE BECAUSE I HAD SUFFERED A LEG INJURY (QUADRICEP ATROPHY). THE X-RAY SEEN BLACK SPOTS ON MY BONE TISSUE. DUE TO TRAUMA, I ALSO WERE TOLD THAT I HAD TUMOR. TREATMENT WAS PHYSICAL THERAPY MAR 2023

V. STATEMENT OF CLAIM(S)

State briefly and concisely the constitutional and/or statutory basis for each claim you seek to assert and identify the defendant(s) against whom each claim is

asserted. Commonly asserted claims include: excessive force; failure to protect; deliberate indifference to medical needs; unconstitutional conditions of confinement; denial of due process in a disciplinary or other proceeding; denial of equal protection; retaliation for the exercise of a First Amendment right; and interference with free exercise of religion. Legal argument and case citations are not required. Use additional sheets of paper if necessary.

FIRST CLAIM

Plaintiff Raises claims under the eighth Amendment based on the use of excessive force.

SECOND CLAIM

Deliberate indifference to a serious Medical need

THIRD CLAIM

VI. RELIEF REQUESTED

State briefly what relief you are seeking in this case.

as relief, plaintiff seek 3.5 million and punitive Damages.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: April 19, 2024

Darnell Green
Plaintiff's signature
(All plaintiffs must sign the complaint)

 Corrections and Community Supervision	GRIEVANCE NO. SUL-0142-22	DATE FILED 5/17/22
	FACILITY SULLIVAN	POLICY DESIGNATION I
INCARCERATED GRIEVANCE PROGRAM	TITLE OF GRIEVANCE ALLEGED PUNCHED IN THE FACE	CASE CODE 49
SUPERINTENDENT RESPONSE	SUPERINTENDENT'S SIGNATURE <i>[Signature]</i>	DATE
GRIEVANT GREEN, D	DIN 07B0547	HOUSING UNIT BS-209

Grievance SUL-0142-22 has been investigated by security supervisory staff at this facility. Investigation reveals allegations made by the grievant against staff to be meritless and unfounded as the grievant was unable to provide witnesses or additional information to coincide with allegations. Staff mentioned in complaint have gone on written record denying any type of unprofessional work practices or conduct towards the grievant.

Based on the above and the absence of information corroborating the allegation of staff misconduct, this grievance is denied.

APPEAL STATEMENT

If you wish to appeal the above decision of the Superintendent, please sign below and return this copy to the IGRC at the facility where the grievance was filed. You have seven (7) calendar days from receipt of this notice to file your appeal.* Please provide a reason why you are appealing this decision to CORC.

Grievant complaint aren't Meritless

Darnell Green

GRIEVANT'S SIGNATURE

GRIEVANCE CLERK'S SIGNATURE

June 16, 2022

DATE

6/17/22

DATE

*An exception to the time limit may be requested under Directive #4040, section 701.6 (g)

P.O. Box 4000
STORMVILLE, NEW YORK 12582-4000

RECEIVED
U.S. DISTRICT COURT
NEW YORK
APR 30 2024
ZIP 12582
041111466805

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U.S. DISTRICT COURT, N.Y.
★ APR 30 2024 ★
BROOKLYN OFFICE

United States District Court
Eastern District New York
225 Cadman Plaza East
Brooklyn, N.Y. 11201.

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★ APR 30 2024 ★
BROOKLYN OFFICE



To: Clerk's Office

NEW YORK State

Department of Correction Community Supervision
Incarcerated Individual Correspondence Program
Name: Darnell Green DIP 07-B-0547